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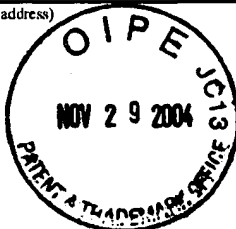
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7590

11/08/2004

Diane E. Burke
 Mueller and Smith, LPA
 Mueller-Smith Building
 7700 Rivers Edge Drive
 Columbus, OH 43235



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Gail E. James	(Depositor's name)
<i>Gail E. James</i>	(Signature)
November 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,810	07/17/2003	Jefferson E. Odhner	LUC 2-027-3	1349

TITLE OF INVENTION: DIFFRACTIVE DISPLAY - 11/30/2004 BSAYAS12 00000008 10621810

01 FC:2501 685.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 38.00 OP
 04 FC:1504 3.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	02/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOUTSIKARIS, LEONIDAS	2872	359-515000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mueller and Smith, LPA

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LUCKOFF DISPLAY CORPORATION

COLUMBUS, OHIO

USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Diane E. Burke

Date 11/23/04

Typed or printed name Diane E. Burke

Registration No. 45,725

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